



GEORGIA MOUNTAINS REGIONAL COMMISSION  
GEORGIA MOUNTAINS WORKFORCE DEVELOPMENT  
2481 HILTON DRIVE, SUITE 8 ♦ GAINESVILLE, GEORGIA 30501  
PHONE (770) 538-2727 FAX (770) 538-2730

## Documentation Request

Please send all of the highlighted information/documents together to the intake specialist. If you have any questions, please call: Samantha O'Day 770-538-2638

Name: \_\_\_\_\_ Deadline: \_\_\_\_\_

We need all paperwork to be completed and returned for us to determine eligibility for WIA funding. Thank you for your interest in the program. **At this time we still need the items that are checked/highlighted.**

These are documentation and forms for all applicants. If there is a check mark or it is highlighted, that means we need it for your file. Copies are fine! We do not need originals. Copies need to be clear, we must be able to clearly see the writing and the photos.)

- ☐ **Birth certificate**
- ☐ **Social Security card**
- ☐ **Photo ID** (driver's license, learner's permit or school ID badge)
- ☐ **Transcript** if you are currently in school **OR Withdrawal Letter** if you have dropped out
- ☐ **MyNextMove Assessment** directions enclosed.
- ☐ **Youth Eligibility Worksheet** you **MUST** list everyone that is in your household. **ALL** social security numbers are required, eligibility for services can **NOT** be determined with out them.
- ☐ **Check stubs or Tax forms** for ANYONE in the household that has been employed in the past 6 months

### Documentation and/or Forms for **Specific Situations** (please send information in the checked boxed ONLY.)

- ☐ Photocopy of your permanent Worker's Permit card
- ☐ Copy of current or most recent **IEP** from the school  
(Entire IEP, NOT just the first page)
- ☐ Photocopy of the **Birth Certificate of the youth's child/children or proof of pregnancy.**
- ☐ **Nondependent Individual Form**  
(For youth in foster care, have the form signed by either foster parent or DFCS case manager. For youth who are NOT living with your own family, have the form signed by adult in family you are living with or by a shelter case manager.)
- ☐ **Public Assistance Documentation form**  
(Please complete top section and take to your DFCS Caseworker to complete the bottom section.)
- ☐ Letter or other documentation showing court involvement
- ☐ Other: \_\_\_\_\_



Georgia Mountains Workforce Development  
2481 Hilton Drive, Suite 8  
Gainesville, GA 30501

Applications may be mailed or hand-delivered to the Youth Department. Any questions call (770) 538-2638. Please complete the entire application thoroughly and submit with clear copies of photo id, birth certificate, social security card, current transcript. **Incomplete applications will not be reviewed.**

## WORKFORCE INVESTMENT ACT (WIA) YOUTH APPLICATION

Applicant Information			
Full Name:		Social Security Number	
County:			
Address		City	State
Zip Code			
Mailing Address (if different)		City	State
Zip Code			
Home Phone	Cell Phone	Email	
Are you a part of a Social Networking Site (E.g. Facebook, Twitter) <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes" indicate the name of the site and your profile name)			
Name of Site		Profile Name	
Family Contact Information			
Parent/Guardians' Name: _____			
Relationship: _____			
Address: _____ City: _____ St _____ Zip: _____			
Home Telephone: ( ) _____ Cell Phone: ( ) _____			
Email address: _____			
Alternate Contact Information			
The person whose name is listed below does not live with me but can always contact me.			
Name: _____ Relationship: _____			
Address: _____ City: _____ St _____ Zip: _____			
Home Telephone: ( ) _____ Cell Phone: ( ) _____			
Email address: _____			
Date of Birth (mm/dd/yyyy)		Ethnicity	
AGE:		<input type="checkbox"/> African American or Black	
Gender		<input type="checkbox"/> Hispanic Heritage	
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> American Indian/Alaskan Native	
		<input type="checkbox"/> Pacific Islander	
		<input type="checkbox"/> Asian American or Asian	
		<input type="checkbox"/> Caucasian or White	
		<input type="checkbox"/> Other: _____	
Citizenship : <input type="checkbox"/> U.S. Citizen or Naturalized <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> Alien/Refugee Lawfully Admitted			
List Alien Registration Number & Expiration Date: _____			

Are You Registered with Selective Service? (males only born on or after 1/1/1960) ☐ Yes ☐ No ☐ Not Applicable

Do you consider yourself to have a disability? ☐ Yes ☐ No ☐ Chose not to identify

### Driver's License Information

Do You Have a Georgia Driver's License or Georgia I.D.? ☐ Yes ☐ No

Has your license ever been or/ is currently Suspended or Revoked? ☐ Yes ☐ No

### Public Assistance

Within the last 6-months have you received any of the following:

Assistance Type	Yes or No	Comments
Temporary Assistance for Needy Family (TANF)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Food Stamps (FS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supplemental Security Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently, or have you been notified, that you will receive Pell Grant funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Veteran Information

Did you serve in the active duty military, naval, or air service? ☐ Yes ☐ No

If yes, please complete the following:

Branch: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Released: \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Did you serve more than one tour of duty? ☐ Yes ☐ No

### Education History

Are you currently in school? ☐ Yes ☐ No

If yes, Name of School, Program, Anticipated completion date \_\_\_\_\_

What is the Highest grade you have completed? 12 11 10 9 8 7 6

Highest Credential Earned ☐ HS Diploma/GED ☐ Certificate ☐ Associates ☐ None

List the name of schools you have attended, including high school. List any degrees/certificates and areas of study.

<u>School</u>	<u>Course of Study</u>	<u>Did you graduate?</u>	<u>Year</u>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

### Employment

Have you ever worked? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

Current or most recent rate of pay \_\_\_\_\_

Did you receive severance pay from your last employer? ☐ Yes ☐ No

Are you currently receiving retirement pay? ☐ Yes ☐ No

Are you or have you received Unemployment Compensation (UI)? ☐ Yes ☐ No

**List current and previous employers, going back 10 years, beginning with your current or most recent job.**

Most Recent Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ Shift: \_\_\_\_\_ ☐ Paid/ Volunteer/ Internship

Main Duties: \_\_\_\_\_

Equipment/s Used: \_\_\_\_\_

Start Date (Month/Year): \_\_\_\_\_ End Date(Month/Year): \_\_\_\_\_

Reason for Leaving: ☐ Laid-off ☐ Quit ☐ Terminated ☐ Other Employment ☐ Other

Explain Reason: \_\_\_\_\_

Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ Shift: \_\_\_\_\_ ☐ Paid/ Volunteer/ Internship

Main Duties: \_\_\_\_\_

Equipment/s Used: \_\_\_\_\_

Start Date (Month/Year): \_\_\_\_\_ End Date(Month/Year): \_\_\_\_\_

Reason for Leaving: ☐ Laid-off ☐ Quit ☐ Terminated ☐ Other Employment ☐ Other

Explain Reason: \_\_\_\_\_

## Individual Barriers

**Do you have a disability or an Individual Education Plan?** ☐ Yes ☐ No

**Have you ever been convicted of a misdemeanor or felony?** Misdemeanor: ☐ Yes ☐ No Felony: ☐ Yes ☐ No

**Have you EVER been arrested or in trouble with law enforcement or juvenile court?** ☐ Yes ☐ No

If "Yes" please check the appropriate box(es) and provide the date(s) of conviction.

- |   |   |
|---|---|
| <input type="checkbox"/> DUI _____                          | <input type="checkbox"/> Assault/Battery _____                |
| <input type="checkbox"/> Drug Possession _____              | <input type="checkbox"/> Drug Distribution/Sale _____         |
| <input type="checkbox"/> Theft/Receiving Stolen Goods _____ | <input type="checkbox"/> Resisting Arrest _____               |
| <input type="checkbox"/> Fleeing the Scene _____            | <input type="checkbox"/> Driving w/o Insurance _____          |
| <input type="checkbox"/> Speeding _____                     | <input type="checkbox"/> Driving w/ a Suspended License _____ |
| <input type="checkbox"/> Other: _____                       |   |

**Are you currently behind in middle/high school for failing 2 or more subjects?** ☐ Yes ☐ No

School? \_\_\_\_\_ Failed Subjects? \_\_\_\_\_

**Are you a school dropout?** ☐ Yes ☐ No

Withdrawal Date: \_\_\_\_\_ School? \_\_\_\_\_

**Are you currently a runaway youth and/or homeless?** ☐ Yes ☐ No

**Are you pregnant or parenting?** ☐ Yes ☐ No

Are you currently in or have you been in foster care? ☐ Yes ☐ No

Do you need assistance in completing an educational program or securing and retaining a job? ☐ Yes ☐ No

Are you authorized to work in the United States? ☐ Yes ☐ No

Do you read and understand English? ☐ Yes ☐ No

What is your primary language? (if other than English): \_\_\_\_\_

Do you need an interpreter? ☐ Yes ☐ No

## QUESTIONS

What are your career plans? What type of work do you see yourself doing in 5 to 10 years?

If you were referred to GMWIA by someone (such as a teacher, counselor, probation officer, etc.), who referred you?

If we were trying to find an employer to hire you, what are the good qualities that you have that an employer wants? Explain your strengths that will make you a success in our program, school or in a job.

## Training Goals – College & Tech School Assistance Only

1. Do you have a training goal? ☐ Yes ☐ No

a. Describe your training goal. Be specific \_\_\_\_\_

b. Reason you selected this training goal? \_\_\_\_\_

2. If you do not have a training goal, do you need assistance in selecting a training goal? ☐ Yes ☐ No

3. Have you been accepted to a school?

☐ Yes ☐ No

What school and program \_\_\_\_\_

4. Have you previously enrolled in training funded through WIA?

☐ Yes ☐ No

*If you answered no, go to question #6.*

a. Name of school attended: \_\_\_\_\_ Dates attended: \_\_\_\_\_

b. Name of training program or course of study: \_\_\_\_\_

c. Did you complete the training? If yes, skip to question #5 ☐ Yes ☐ No

d. Why did you not complete training? \_\_\_\_\_

5. List other funds you are seeking to assist you through training (i.e. PELL, HOPE, scholarships, loans, etc.)

**Print Full Name:**

## **WIA Release of Information Consent /Certification & Acknowledgment**

### **RELEASE INFORMATION FOR ELIGIBILITY**

**Initial Here**

I authorize the release of my information to the Career Advisor as necessary to determine my eligibility for the Workforce Investment Act (WIA) Adult & Dislocated Programs and Services. I further authorize the release of information by staff necessary to secure related services and assistance on my behalf and share information with other programs from which I receive or have received services such as Vocational Rehabilitation, Division of Family & Children Services (DFCS) and Department of Labor. This authorization to gather information about me and share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsible manner.

### **RELEASE INFORMATION FOR EDUCATIONAL INSTITUTION**

**Initial Here**

I authorize the release of my current and past educational records from high schools, colleges, universities and training schools to the Career Advisor. Such records include my current/past enrollment, transcripts, attendance records, graduation/completion information and diploma/certificate/credential attained. I understand that under the Family Educational Rights and Privacy Act of 1974 (FERPA), which is a Federal law that protects the privacy of student education records that the Career Advisor must have my written consent to obtain my educational records. I certify that this authorization of release form may be sent as a fax, email, or a photocopy presented in person with appropriate identification from the above agency's staff to the record holder.

### **RELEASE INFORMATION FOR EMPLOYMENT**

**Initial Here**

I authorize the release of my current and past employment information to the Career Advisor. Such records include information related to my job title, start/end day, hourly wages and hours worked per week.

### **CERTIFICATION & ACKNOWLEDGMENT**

**Initial Here**

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for WIA program activities and may be considered justification for dismissal if discovered at a later date.

I acknowledge that my Personally Identifying Information (PII) will be used for grant purposes only.

**Applicants are responsible for insuring that all required documentation is attached to their application.  
Missing documentation will delay the process of your application.**

*Please read carefully, initial each release/acknowledgment, sign and date.*

**Signature**

**Date:**

**Parent Signature**

**Date:**

# Youth Eligibility Worksheet

GEORGIA MOUNTAINS WORKFORCE DEVELOPMENT  
2481 HILTON DRIVE, SUITE 8, GAINESVILLE, GEORGIA 30501  
(770) 538-2727 • (770) 538-2730 FAX

Youth Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Youth's address: \_\_\_\_\_

City/Town: \_\_\_\_\_ County: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Directions** (Please read and follow carefully! An application cannot be processed without this information:

(1) Please list all family members who reside at the above address and their Social Security numbers below.

(2) For each person that is employed, estimate how much they have made in the last six months. If someone is unemployed place zeros (0) in the wage column.

(3) Attach a copy of the latest pay stub showing 'year to date' information for each member of the family who is working or most recent income tax info.

Name of Family Member	Social Security Number	Relationship to Applicant	6-Month Wages
1.		APPLICANT	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
# in Family: _____	Total Wages: \$ _____	Eligible for WIA Funds: <input type="checkbox"/> Yes <input type="checkbox"/> No Staff Member Certification: _____ Date: _____	

**\*\*\*Grey section to be completed by GMWIA Staff Only\*\*\***

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# STATE OF GEORGIA

OFFICE OF THE GOVERNOR

ATLANTA 30334-0900

Nathan Deal  
GOVERNOR

Tricia Pridemore  
Executive Director,  
Governor's Office of  
Workforce Development

## 2013 Income Guidelines for WIA Low Income Level

The Act provides for use of one of two sets of data in determining economically disadvantaged persons and program eligibility: Department of Health and Human Services (HHS) Poverty Guidelines or the lower Living Standard Income Level (LLSIL). The higher of the poverty guidelines or 70% of the LLSIL for each family size and area was used in construction of the table below.

To determine low income level for any family size, intake staff should compare the customer's family income with the corresponding poverty level figure based on family size and area. (A table listing Georgia's counties by Metropolitan Areas, Nonmetropolitan Areas, and Atlanta MSA is attached.) Income figures listed in the Poverty Level columns below are utilized when determining whether a customer is considered low income for WIA eligibility for youth, priority services for adults, and federal reporting for all target groups.

The income levels shown in the table below will apply to WIA eligibility and reporting in federal program years 2012-2013, or until another update occurs.

Program Years 2012 – 2013 Six-Month Income Guidelines for WIA: Low Income Level Figures Effective April 20, 2013			
Family Size	Metropolitan Areas	Atlanta MSA	Nonmetropolitan Areas
1	\$5,745	\$5,745	\$5,745
2	7,755	7,755	7,755
3	9,960	9,765	9,847
4	12,296	11,775	12,156
5	14,513	13,785	14,345
6	16,973	15,944	16,776
7	19,434	18,254	19,207
8	21,894	20,564	21,638
For each over 8 Add:	2,461	2,310	2,431



# Participant Information Sheet

GEORGIA MOUNTAINS WORKFORCE DEVELOPMENT  
2481 HILTON DRIVE, SUITE 8, GAINESVILLE, GEORGIA 30501  
(770) 538-2727 • (770) 538-2729 FAX

Please complete this as thoroughly as possible and notify us if any of the information changes.

GENERAL INFORMATION													
PARTICIPANT'S NAME:	SOCIAL SECURITY NUMBER:												
COMPLETE HOME ADDRESS:	CITY/STATE/ZIP:												
TELEPHONE NUMBER:	MESSAGE TELEPHONE NUMBER:												
CELL PHONE	EMAIL ADDRESS:												
SCHOOL/CAMPUS ATTENDING:	HAVE YOU TAKEN AND PASSED THE GA HIGH SCHOOL GRADUATION TEST?  TAKEN: <input type="checkbox"/> YES <input type="checkbox"/> NO   PASSED: <input type="checkbox"/> YES <input type="checkbox"/> NO												
EXTRA CURRICULA ACTIVITIES:	DRIVER'S LICENCE OR PERMIT:  <input type="checkbox"/> YES <input type="checkbox"/> NO												
ALLERGIES:	MEDICATIONS TAKEN DAILY:												
SPECIAL PHYSICAL LIMITATIONS:	PERSONAL PHYSICIAN INFORMATION:												
<table border="1"><thead><tr><th>EMERGENCY CONTACT #1</th><th>EMERGENCY CONTACT #2</th></tr></thead><tbody><tr><td>NAME:</td><td>NAME:</td></tr><tr><td>RELATION TO PARTICIPANT:</td><td>RELATION TO PARTICIPANT:</td></tr><tr><td>HOME PHONE:</td><td>HOME PHONE:</td></tr><tr><td>BUSINESS PHONE:</td><td>BUSINESS PHONE:</td></tr><tr><td>OTHER CONTACT NUMBERS:</td><td>OTHER CONTACT NUMBERS:</td></tr></tbody></table>		EMERGENCY CONTACT #1	EMERGENCY CONTACT #2	NAME:	NAME:	RELATION TO PARTICIPANT:	RELATION TO PARTICIPANT:	HOME PHONE:	HOME PHONE:	BUSINESS PHONE:	BUSINESS PHONE:	OTHER CONTACT NUMBERS:	OTHER CONTACT NUMBERS:
EMERGENCY CONTACT #1	EMERGENCY CONTACT #2												
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RELATION TO PARTICIPANT:	RELATION TO PARTICIPANT:												
HOME PHONE:	HOME PHONE:												
BUSINESS PHONE:	BUSINESS PHONE:												
OTHER CONTACT NUMBERS:	OTHER CONTACT NUMBERS:												
OTHER PERTINENT INFORMATION:													



**\*A copy of this document should be given to the customers and one copy should be retained in his/her file (if applicable).**

**Georgia Mountains Regional Commission  
Georgia Mountains Workforce Development  
2481 Hilton Drive, Suite 8 • Gainesville, Georgia 30501  
Ph: 770-538-2727 • Fax: 770-538-2730**

This is an agreement between Georgia Mountains Workforce Development and

\_\_\_\_\_ and \_\_\_\_\_ signed on \_\_\_\_\_  
(YOUTH) (PARENT/GUARDIAN) (DATE)

**Medical Release**

I, the parent, or legal guardian of the youth named above, a Georgia Mountains Workforce Development (GMWD) applicant, do hereby agree that should he/she be enrolled at a GMWD Program Worksite/ Activity they may receive immediate medical attention in the event an accident or illness occurs during working hours.

I understand that the Georgia Mountains Workforce Development (GMWD) is only responsible for valid Worker's Compensation claims and that such claims are applicable only if the injury is sustained on the job during scheduled work hours where an accident report has been filed.

If an accident occurs on the worksite, I further understand that the participant will be taken for treatment to a physician designated by the GMWD or to the Emergency Room of the nearest hospital. Medical attention by any other physician will invalidate a claim for Worker's Compensation Insurance.

I understand that I am responsible for any medical treatment not covered under workers compensation.

Parent Initial: \_\_\_\_\_ Youth Initial: \_\_\_\_\_

**Educational Release**

In accordance with the Family Educational Rights and Privacy Act (FERPA), I understand that my educational records and personally identifiable information from educational records may not be released without my and my parents' (if I am under 18 years of age) consent.

By initialing this form, I am giving my consent to disclose my educational records to the Georgia Mountains Workforce Development and its representatives for the purpose of monitoring and documenting my academic progress during and following my participation in GMWD program.

I understand that I may revoke this consent at any time by notifying the registrar in writing.

\_\_\_\_\_ and \_\_\_\_\_  
(YOUTH Signature) (PARENT/GUARDIAN Signature)

### **Permission to Release Information**

As the Georgia Mountains Workforce Development works to connect youth with services such as tutoring, counseling, and employment, we are on occasion asked to provide information about the youth we are attempting to serve to our partners. This information always relates to the specific needs of the youth or the service provider. This may include educational, medical, or other information important to service delivery. We, authorize the GMWIB to release the need information to their partners.

Parent Initial: \_\_\_\_\_ Youth Initial: \_\_\_\_\_

### **Photo Release**

We, the person named above, understand that while enrolled in the Georgia Mountains Workforce Development Program, photographs of the program activities may be taken. Should I appear in such photographs, I give my approval for the program to use such photographs for display and/or promotional use. For example the newspaper or the GMWD website.

Parent Initial: \_\_\_\_\_ Youth Initial: \_\_\_\_\_

**\* Does not apply to youth in foster care. \***

### **Travel Permission**

I grant permission for the youth named above to ride in a motor vehicle with any Georgia Mountain Workforce Development Program Staff or Contractor.

Also, I grant permission for the youth named above to ride in a motor vehicle with any Worksite Supervisor or Worksite Staff Member over the age of 18 on official work duties.

\*\*\* **Note:** If Travel permission is not granted, I, the parent/guardian am responsible for all transportation to and from activities. Also, the youth will not be placed in a worksite where travel is a part of the job-such as at a Boys and Girls Club. \*\*\*

Parent Initial: \_\_\_\_\_ Youth Initial: \_\_\_\_\_

### **Your Responsibilities as a Youth Program Participant**

As a GMWD youth participant, you have responsibilities as well as opportunities. If you do not fulfill your responsibilities, you may have your chances for participation limited or you may be exited from the program.

**As an actively participating youth in the GMWD program you are required:**

1. to send in report cards, pay stubs, diplomas, and information updates as they are requested.
2. to participate in a minimum of (1) other activity in addition to the summer program work experience during a program year.
3. to retest and update application during the program year.

4. to respond to correspondence or calls from your case manager or counselor in a timely manner –10 business days during the school year and with in the same day during the Summer Work Experience.
5. to keep your contact information in your file up-to-date when you move or change phone numbers. Also, letting your case manager know how you are doing so that you can be connected to suitable services/programs/ activities.
6. to provide education and work information for the year after you finish the program.

**I understand that if I do not keep my responsibilities the following actions will be taken:**

**1<sup>st</sup> failure** - a warning will be issued.

**2<sup>nd</sup> failure** - a parent exit-warning letter will be sent and participant may be placed on 'inactive' status.

**3<sup>rd</sup> failure**—the participant will be exited from the GMWD Youth Program.

Parent Initial: \_\_\_\_\_ Youth Initial: \_\_\_\_\_

### **Parent Involvement**

In order to promote youth responsibility and develop work skills, I understand that I ( the youth) am responsible for all communication with my worksite supervisor .

Youth Initial: \_\_\_\_\_

I, the parent of the youth named above, agree that I will not intervene in my child's worksite or call the worksite supervisor to discuss work related matters, such as schedules and calling in sick.

If there are issues or problems I need to discuss, I will speak with a summer counselor or other GMWD staff person.

I understand that contacting a worksite about job related matters, will result in my child

- A) Being Terminated
- B) Being exited from the program

Parent Initial: \_\_\_\_\_

### **Paycheck Rules**

We agree to and understand the following rules and guidelines regarding receiving my paycheck:

- My timesheet must be correct which includes, all signatures, all dates, and all other information as in timesheet guidelines covered in orientation. Incorrect/incomplete timesheets cannot be paid until they are corrected, and this is my responsibility.
- I understand that my check will be delayed via U.S. Postal Service. My check will be mailed on Friday but the U.S. Postal Service may not deliver it until precisely when I expect it. Therefore my check is not late until the Thursday the week after it is mailed. I will not call the GMWD office until after Thursday's mail is delivered to me. I understand that new check will be sent for 30 days if a check is lost or otherwise delayed.
- Timesheets are due in when your shift ends on Friday. Timesheets received after 8:00 a.m. on Monday will be one week late.

Parent Initial: \_\_\_\_\_ Youth Initial: \_\_\_\_\_

### **Education and Training Guidelines**

1. **Vouchers:** I understand that Workforce Development will only pay for the expenses listed on issued vouchers. I cannot change my major or program of study without prior consent of my Case Manager. Once the voucher has been issued, I may not drop or add any course without prior approval of my Case Manager.
2. **Registration:** I understand that I am solely responsible for registering for the training classes paid by Workforce Development, and agree to register as a full-time student, as defined by my school, unless I have written approval from my Case Manager. I also understand that I must pay for late registration fees or penalties if this matter was caused by my error or delay.
3. **Books/Tools/Equipment/Exams:** I understand that Workforce Development will pay for required books listed on the voucher attachments signed by the instructor, and that GMWD will not pay for items not listed. I understand that any tools and equipment purchased with GMWD funds remain the property of GMWD, and that I may keep these items if I complete the training program and obtain full-time, training related employment. I agree to return any tools or equipment purchased on my behalf if I do not complete the training program and obtains full time, training related employment within 90 days of the last day of training. I understand that GMWD will pay for my GED exit exam but, not to exceed two (2) full attempts.
4. **Withdraw:** If I plan to withdraw from class or school, I will first contact my Case Manager. I understand that if I withdraw from class or fail a class, the GMWD will not provide the funds to re-enroll in that class at a later date.
5. **Contact with Case Manager:** I agree to contact my Case Manager as scheduled. I understand that if I am attending a school that operates on a quarter or semester system, I must meet with my Case Manager prior to registration for continued assistance from the program.
6. **Attendance:** I will attend class each day and will be absent only when physically ill or when circumstances beyond my control make attendance impossible. I WILL TELEPHONE MY CASE MANAGER BY 10:00 A.M. EACH DAY THAT I AM ABSENT, REGARDLESS OF THE REASON FOR THE ABSENCE. It has been explained to me that my attendance must be documented. I agree to sign in and sign out on the time sheets provided to me by my Case Manager. Instructions for the time sheets have been provided to me.
7. **Grades:** I understand that I must maintain at least a 2.0 grade point average each quarter/ semester to receive GMWD funding for technical school. If I am unable to maintain a "C" average, I will contact my Case Manager immediately. GMWD will not provide the funds to re-enroll in classes dropped or failed. I further understand that I must maintain full-time student status (as defined by the training provider), unless my Case Manager has approved an alternate schedule.
8. **Conduct:** I understand that by enrolling in the training organization listed, I agree to adhere to that organization's policies regarding conduct. I also understand that failure to adhere to these policies will result in my dismissal from school and termination from GMWD.

9. **Job Placement:** I will complete the training program and immediately seek, find and maintain full time employment (37 hours or more per week) near or after the completion of training.

10. **Follow-Up:** I will maintain quarterly communication with my Case Manager for a minimum of 12 months after completion of my training program. This communication will provide employment information (i.e., company name, address, telephone number, immediate supervisor, starting wage and hours, job title, benefit information, etc.) changes of address, and other pertinent information needed by my Case Manager.

11. **Credential Submission:** I agree to submit verification that I have completed my program of study (i.e. copy of diploma or certificate, official transcript or documentation from a school official stating credential was earned) as soon as said information becomes available.

**I understand that failure to comply with this agreement will result in the termination of GMWD funds.**

**I have read the following statements and agree to their adherence:**

\_\_\_\_\_ and \_\_\_\_\_  
(YOUTH) (PARENT/GUARDIAN)

Signed on \_\_\_\_\_



## Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No. 1615-0047  
Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ]		E-mail Address			Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (*See instructions*)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

3-D Barcode  
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
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**Preparer and/or Translator Certification** (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



**Employer Completes Next Page**



# Form W-4 (2013)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"><li>• You are single and have only one job; or</li><li>• You are married, have only one job, and your spouse does not work; or</li><li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li></ul> . . . . .	<b>B</b> _____
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"><li>• If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.</li><li>• If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li></ul>	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____
<div style="display: flex; align-items: center;"><div style="border-left: 1px solid black; padding-left: 10px; margin-right: 10px;">For accuracy, complete all worksheets that apply.</div><div><ul style="list-style-type: none"><li>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li><li>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li><li>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</li></ul></div></div>		

Separate here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b>		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2013</b>
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6 \$		
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"><li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li><li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li></ul> If you meet both conditions, write "Exempt" here . . . . . ▶		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)



**STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**

1a. YOUR FULL NAME	1b. YOUR SOCIAL SECURITY NUMBER
2a. HOME ADDRESS (Number, Street, or Rural Route)	2b. CITY, STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8

**3. MARITAL STATUS**

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

- A. Single: Enter 0 or 1 .....[ ]
- B. Married Filing Joint, both spouses working:  
Enter 0 or 1 or 2 .....[ ]
- C. Married Filing Joint, one spouse working:  
Enter 0 or 1 or 2 .....[ ]
- D. Married Filing Separate:  
Enter 0 or 1 or 2 .....[ ]
- E. Head of Household:  
Enter 0 or 1 or 2 .....[ ]

**4. DEPENDENT ALLOWANCES** [ ]**5. ADDITIONAL ALLOWANCES** [ ]  
(worksheet below must be completed)**6. ADDITIONAL WITHHOLDING \$** \_\_\_\_\_**WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES**

(Must be completed only if step 5 is greater than zero)

**1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:**Yourself: ☐ Age 65 or over ☐ BlindSpouse: ☐ Age 65 or over ☐ Blind

Number of boxes checked \_\_\_\_\_ x 1300 .....\$ \_\_\_\_\_

**2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:**

A. Federal Estimated Itemized Deductions .....\$ \_\_\_\_\_

B. Georgia Standard Deduction (enter one): Single/Head of Household \$2,300

Each Spouse \$1,500 \$ \_\_\_\_\_

C. Subtract Line B from Line A .....\$ \_\_\_\_\_

D. Allowable Deductions to Federal Adjusted Gross Income .....\$ \_\_\_\_\_

E. Add the Amounts on Lines 1, 2C, and 2D .....\$ \_\_\_\_\_

F. Estimate of Taxable Income not Subject to Withholding .....\$ \_\_\_\_\_

G. Subtract Line F from Line E (if zero or less, stop here) .....\$ \_\_\_\_\_

H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above .....\$ \_\_\_\_\_

(This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up)

**7. LETTER USED** (Marital Status A, B, C, D, or E) \_\_\_\_\_ **TOTAL ALLOWANCES** (Total of Lines 3 - 5) \_\_\_\_\_  
(Employer: The letter indicates the tax tables in the Employer's Tax Guide)**8. EXEMPT:** (Do not complete Lines 3 - 7 if claiming exempt) Read the Line 8 instructions on page 2 before completing this section.a) I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. **Check here** ☐b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act as provided on page 2. My state of residence is \_\_\_\_\_ My spouse's (servicemember) state of residence is \_\_\_\_\_ The states of residence must be the same to be exempt. **Check here** ☐

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding. If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, P. O. Box 49432, Atlanta, GA 30359.

**9. EMPLOYER'S NAME AND ADDRESS:** \_\_\_\_\_ **EMPLOYER'S FEIN:** \_\_\_\_\_**EMPLOYER'S WH#:** \_\_\_\_\_

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.

# RIGHTS STATEMENT

GEORGIA MOUNTAINS WORKFORCE INVESTMENT BOARD  
2481 HILTON DRIVE, SUITE 8, GAINESVILLE, GEORGIA 30501  
(770) 538-2727 PHONE • (770) 538-2730 FAX

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## EQUAL OPPORTUNITY IS THE LAW

It is against the law for the Georgia Mountains Regional Commission/Georgia Mountains Workforce Investment Board to discriminate against any individual in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I-financially assisted program or activity.

Appropriate steps must be made to ensure that communications with individuals with disabilities are as effective as communications with others.

## COMPLAINTS OF DISCRIMINATION

If you think you have been subjected to discrimination under a WIA funded program or activity, you may file a complaint within 180 days of the alleged violation with:

Georgia Mountains Regional Commission/Workforce Development  
Georgia Mountains Workforce Investment Board (GMWIB)  
Equal Opportunity Officer:

Andrea Disharoon  
Human Resources Specialist  
P.O. Box 1720  
Gainesville, GA 30503  
770-538-2626 – Phone  
[adisharoon@gmrc.ga.gov](mailto:adisharoon@gmrc.ga.gov) - email

Application for a Workforce Investment Act (WIA) funded program **does not create an entitlement** to services, and nothing in the Act shall be construed to establish a right of action for an individual to obtain services under WIA.

Director of Civil Rights Center:

U.S. Department of Labor  
200 Constitution Ave., NW  
Room N4123  
Washington, DC 20210

If you elect to file your complaint with the GMWIB, you must wait either until the GMWIB issues a written decision, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the GMWIB does not give you a written decision within 90 days of the day on which you filed your complaint, you do not have to wait for the GMWIB to issue that decision before filing a complaint with the CRC. However, you must file your complaint with CRC within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the GMWIB). If the GMWIB does give you a written decision on your complaint, but you are not satisfied with the decision or resolution, you may file a complaint with CRC. You must file your complaint within 30 days of the date on which you received a written decision.

The Civil Rights Act of 1964, as amended, and the Workforce Investment Act of 1998, as amended, guarantee you the right to file a complaint or alleged action in any area concerning discrimination as stated above.

## COMPLAINTS OF FRAUD OR ABUSE

In cases of suspected fraud, abuse, or other alleged criminal activity, you should contact the Office of the Inspector General, U.S. Department of Labor, at 1-800-347-3756. There is no charge for this call.

## GMWD GRIEVANCE PROCEDURE

1. Complaints arising at the Workforce Development Area 2 level must be in writing, signed by the complainant, dated within one-year of the alleged incident, and must include the following information:
  - a. the full name, telephone number (if any) and address of the person making the complaint;
  - b. the full name and address of the respondent against whom the complaint is made;
  - c. a clear and concise statement of facts, including pertinent dates, and witnesses (if any) constituting the alleged violation, and,
  - d. the type of relief requested.

A complaint will be considered to have been filed when the reviewing authority receives from the complainant a written statement, including information specified above, which contains sufficient facts and arguments to evaluate the complaint.
2. Complaints must be submitted to the Director, Georgia Mountains Workforce Development, 2481 Hilton Drive, Suite 8, Gainesville, GA 30501.
3. The Director shall investigate the complaints and attempt to resolve the matter through mediation within ten days of receipt of the complaint.
4. If the complaint cannot be resolved within ten days, a hearing shall be conducted within sixty days of receipt of the initial complaint. When a hearing is necessary, the complainant and the respondent will be given reasonable notification by registered or certified mail of the following information:
  - A statement of the date, time and place of hearing;
  - A statement of the authority and jurisdiction under which the hearing is to be held;
  - A reference to the particular section of the Act, regulations, grant or other agreements under the Act involved;
  - A notice to the parties of the specific charges involved;
  - The right of both parties to be represented by legal counsel;
  - The right of each party to present evidence, both written and through witnesses; and
  - The right of each party to cross-examine.
5. A hearing can be rescheduled at the request of either party for just cause.
6. The hearing shall be conducted by the Executive Committee of the Georgia Mountains Workforce Development. This committee may designate staff and/or other parties to serve as the hearing officer. However, no GMWIB or staff member who has been directly involved in the events from which the complaint arose shall serve as a decision-maker in such complaint. If the complaint is against the GMWD itself, an impartial person will be secured by the GMWD to serve as the hearing officer. Impartial hearing officers shall be chosen from qualified individuals with expertise in the area from which the complaint arises. When an impartial hearing officer is necessary, the GMWD Director will be notified to provide a qualified person. The right to an impartial decision-maker shall not be abrogated by the Georgia Mountains Workforce Investment Board or Workforce Development Area 2. In an age of advanced communication options and to encourage timely responses to all complaints, the GMWIB may utilize e-mail, internet-based meeting facilities, in-person or any other mutually acceptable formats to conduct a hearing.
7. The Executive Committee of the Georgia Mountains Workforce Investment Board, or, its designee acting as a hearing officer, shall have the authority to regulate the course of the hearing, set the time and place for continued hearings, fix the time for filing briefs, and dispose of motions. A final decision must be rendered by the GMWIB Executive Committee or its designee within ninety days of the completed hearing unless all parties are notified by certified mail of the need for additional time.
8. A complete record of the hearing shall be made and maintained for three years and include the following:
  - a. all pleadings, motions, and intermediate ruling;
  - b. detailed minutes or mechanical recording of the oral testimony and all other evidence presented;
  - c. a statement of matters officially noted;
  - d. all staff memoranda or data submitted to the Georgia Mountains Workforce Investment Board Executive Committee or its designee in connection with their consideration of the case;
  - e. findings of fact based on the evidence submitted at the hearing;
  - f. notification of both parties of further appeal procedures, if applicable; and
  - g. final decision of the hearing officer.

A written report of all complaints received within the Georgia Mountains Workforce Development office will be filed on-site by the tenth day of the month following the report month. The report will include the name of the complainant, the name and/or organization of the respondent, the date the complaint was filed, nature of the complaint, and the resolution of the complaint (if rendered). If no complaints are received during a given month, no report is due. If there are status updates to previous complaints, a report must be sent to the State by the tenth day of the following month.

### GOVERNOR'S REVIEW OF THE GRIEVANCE

The complainant shall be informed of the right to request a review of his or her complaint by the Governor if: **1)** the complainant does not receive a decision at the Georgia Mountains Workforce Investment Board level within (30) thirty days of filing the complaint, or **2)** the complainant receives a decision unsatisfactory to him or her.

The request for review should be submitted to: Governor's Office of Workforce Development, Attn: Compliance Manager, Two Martin Luther King, Jr. Drive, Atlanta, GA 30334; Phone number 404-656-9485; Fax number 404-463-5043; or Electronic submissions should be sent to: [wdcompliance@georgia.gov](mailto:wdcompliance@georgia.gov). The request for review of the complaint by the Governor must be filed within ten days of receipt of the adverse decision or within fifteen days from the date on which the complainant should have received a decision. The Governor will conduct a review of the complaint and issue a decision within thirty days from the date of receipt of the review request. The decision rendered by the Governor will be final.

### OTHER GRIEVANCES

1. Complaints arising from contracts or vendor agreements with Georgia public schools such as those which pertain to disciplinary actions of teachers or students, grading policy or teacher employment contracts will be handled by the grievance procedure outlined in OCGA 20-2-1160, 20-2-109, 20-2-50. Grievance hearings held by public school service providers should be consistent with State policy/procedures and must be initiated within 30 days of filing of the grievance and a decision rendered within 60 days of the filing date of the grievance. Where grievances arise in the area's outlined above, the service provider will submit to the Georgia Mountains Workforce Investment Board (GMWIB) within five (5) days, summaries or checklists of Georgia Mountains Workforce Development Area 2 complaints filed. Hearings held, decisions rendered and appeals filed shall be provided to GMWIB within 10 days of the decision being finalized.

If a complainant does not receive a decision within 60 days of filing the complaint or receives an unsatisfactory decision, the complainant then has the right to request a review by the Governor. The request for review should be submitted to the State Superintendent of Schools, Georgia Department of Education, 2066 Twin Towers East, Atlanta, Georgia 30334. [NOTE: For the purpose of this section, the State Superintendent of Schools or his/her designee acts as the Governor's authorized representative.]

Complaints which pertain to terms of the contract between the school and the GMWIB, which may include curriculum and course content, provision of teaching materials and equipment, eligibility, customer selection, or other terms made part of the contract, should be handled by the grievance procedure as presented in the GMWD Grievance Procedure section.

2. Complaints against the Georgia Department of Labor Career Centers should be filed with the complaint specialist or Career Center Manager in accordance with their policies and procedures.
3. Complaints alleging labor standards violations may be filed using the established local and State Grievance Procedures or submitted to a binding arbitration procedure, if a collective bargaining agreement covering the parties to the grievance so provides.
4. Applicants, customers, service providers, bidders, WIA funded staff or other interested parties alleging violations of the Acts, regulations, sub grants, or other contracts under WIA (other than discrimination complaints) shall utilize the GMWD Grievance Procedures in filing a complaint. Individuals shall be informed of this right by the Georgia Mountains Regional Commission/Georgia Mountains Workforce Development Area 2 staff.

\*\*\*\*\*

**I have read and understand the Rights Statement and acknowledge so with my signature.**

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Signature (if applicable)

\_\_\_\_\_  
Date


**\*A copy of this document should be given to the customer and one copy should be retained in his/her file (if applicable).**





GEORGIA MOUNTAINS REGIONAL COMMISSION  
GEORGIA MOUNTAINS WORKFORCE DEVELOPMENT

2481 HILTON DRIVE, SUITE 8 ♦ GAINESVILLE, GEORGIA 30501  
PHONE (770) 538-2727 FAX (770) 538-2730

## ASSESSMENT DIRECTIONS

1. Go to: **MY NEXT MOVE** <https://www.mynextmove.org>
2. Click on **INTERESTS**  in the top right hand corner of the web page. You will complete 5 sections.
3. **START:** Read and then click next until you get to the first set of questions.
4. **INTEREST:** Rate statements 1-60 – try to not select UNSURE (Click Next at bottom of page to continue to next group of questions)
5. **RESULTS:** Read and then click NEXT – do not click PRINT here.
6. **JOB ZONES:** Read and then click next until you get to the screen that is shown below. Choose the JOB ZONE 3 bubble for Medium Preparation – not the underlined link.



7. Read and click next until you get to “CAREERS”
8. **CAREERS:** Click PRINT to print your results.  This opens up a new tab or window.
9. At the top of the page type in your first and last name
10. Review the jobs listed. Make sure that your program of study is listed and click Print. 

**Submit these pages to the Georgia Mountains Workforce Development Office along with your application.**